

2302

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Chatham</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>94</u>
District	<u>Safford-Salmon</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. _____
Town or city	<u>Safford Arizona</u>	No. _____	Local Registrar's - No. <u>66</u>
(If death occurred in a hospital or institution, give its NAME instead of street number)			
2. FULL NAME <u>Heber Brooks Byers</u>			
(a) Residence. No. <u>Safford</u> St. _____ Ward _____			
(Usual place of abode)			
Length of residence in city or town where death occurred <u>4</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
2. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
<u>Male</u>	<u>White</u>	<u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Dorothy A. Byers</u>			
(or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>Nov 30 - 1878</u>			
7. AGE	Years	Months	Days
	<u>47</u>	<u>11</u>	<u>7</u>
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business or establishment in which employed (or employer)			
<u>Farmer</u>			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Utah</u>			
(State or Country)			
10. NAME OF FATHER <u>Cheney Byers</u>			
11. BIRTHPLACE OF FATHER <u>Utah</u>			
(State or country)			
12. MAIDEN NAME OF MOTHER <u>May Ann Paul</u>			
13. BIRTHPLACE OF MOTHER <u>Utah</u>			
(State or country)			
14. Informant <u>Cheney Byers</u>			
(Address)			
15. Filed <u>Dec - 4</u> 19 <u>26</u> <u>J. H. Cotton</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>11-7</u> 19 <u>26</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>July</u> <u>14</u> 19 <u>24</u> to <u>11-7</u> 19 <u>26</u>			
that I last saw him alive on <u>11-7</u> 19 <u>26</u>			
and that death occurred, on the date stated above, at <u>2:30 P.M.</u>			
The CAUSE OF DEATH was as follows:			
<u>Myocarditis.</u>			
(duration) yrs. mos. ds.			
CONTRIBUTORY <u>Gastric Carcinoma</u>			
(secondary) (duration) <u>15</u> yrs. mos. ds.			
18. Where was disease contracted if not at place of death?			
Did an operation precede death? <u>no</u> date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>X-Ray</u>			
Signed <u>Dr. W. Morris</u> M. D.			
(Address) <u>Pinck</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Byers, Ariz.</u>		DATE OF BURIAL <u>11/8</u> 19 <u>26</u>	
20. UNDERTAKER <u>Friends</u>		ADDRESS	